



Department of Finance & Administration
Office of Accounting

EXPENSE ERROR CORRECTION REQUEST

Document Date: _____
Reviewed & Approved: _____
Doc Header Text: _____

Posting Date: _____
Approval Date: _____
Reference: _____

Purpose:

Line #	D/C	GL Account	Amount	Bus Area	Fund	Cost Center
Assignment			Text			

Line #	D/C	GL Account	Amount	Cost Center	Internal Order	WBS	Earmarked Funds
Calc Tax?	Tax Code	Bus Area	Fund	Assignment	Text		
	P0						

Line #	D/C	GL Account	Amount	Cost Center	Internal Order	WBS	Earmarked Funds
Calc Tax?	Tax Code	Bus Area	Fund	Assignment	Text		
	P0						

Line #	D/C	GL Account	Amount	Bus Area	Fund	Cost Center
Assignment			Text			

TC – FB50 Revised November 2005

For DFA Use Only: AASIS Document No:

Please Remit Form to:

Office of Accounting Service Bureau, P.O. Box 3278, 1509 West 7th, Suite 100, Little Rock, AR 72203

E-Mail: SB-ACCOUNTING@DFA.STATE.AR.US

Fax: (501) 682-2166

Telephone: (501) 682-1915